

**UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION**  
**DISASTER SERVICE WORKER REGISTRATION AND LOYALTY OATH**

\* The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec 8589 and the California Emergency Council Rules and regulations: all other information is voluntary. The purpose of information is registration as a Disaster Service Worker (DSW). Failure to provide mandatory information is disqualification as a DSW.

*PLEASE PRINT LEGIBLY IN BLACK/ BLUE INK OR TYPE*

\_\_\_\_\_ **NEW APPLICATION**

\_\_\_\_\_ **RENEWAL**

\* Name: \_\_\_\_\_  
First Last

\* Address: \_\_\_\_\_  
Number Street Apt # City State Zip

E-Mail Address: \_\_\_\_\_

\* Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class Assigned: **Community Emergency Response Team**

Specialty: **City of San Diego CERT**

Sponsoring Group Name: **City of San Diego Fire and Rescue Department**

\* Loyalty Oath of Affirmation (Government Code Sec 3102)

I, \_\_\_\_\_ do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely; without any mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me on \_\_\_\_\_, at San Diego, CA  
(Today's Date: MM/DD/YYYY)

\* \_\_\_\_\_  
Signature of Volunteer/DSW

\* \_\_\_\_\_  
Signature of Authorized Sponsoring Group Official, Title

\_\_\_\_\_  
Signature of Director, County OES

The Official responsible for the maintenance of this information and the location filed is as follows:

**Disaster Council: Unified San Diego County Emergency Services Organization**

**Address: Office of Emergency Services**  
**5555 Overland Ave. Bldg 19**  
**San Diego, CA 92123**

**Responsible Official: Ron Lane, Director Phone Number: 858-565-3490**

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***For Official Use Only:***

Registration Date \_\_\_\_\_ ID # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Staff initials/ date \_\_\_\_\_